



Food Delivery Receipt

Children ages 6-12 years

CACFP Institution : _____

Date : _____

Food Service Vendor: _____

Breakfast

Number of Meals Provided:

Component	Item	Serving Size (6-12 Years)	Total Weight/ Measure Provided
Fruit/Vegetable		½ cup	
Bread/Alternate		1 oz. Or 1 slice	
Milk		1 cup	
Protein/Alternate (optional)			
Extras			

Lunch/Supper

Number of Meals Provided:

Component	Item	Serving Size (6-12 Years)	Total Weight/ Measure Provided
Protein/Alternate		2 oz.	
Fruit/Vegetable		½ cup	
Fruit/Vegetable		¼ cup	
Bread/Alternate		1 oz. Or 1 slice	
Milk		1 cup	
Extra			

Snack

Number of Meals Provided:

Component	Item	Serving Size (6-12 yrs)	Total Weight/ Measure Provided
Protein/Alternate		1 oz.	
Fruit/Vegetable		¾ cup	
Bread/Alternate		1 oz. Or 1 slice	
Milk		1 cup	
Extra			

Acceptance of delivery:

Signature _____

Date _____

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